| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 295011 | A. BUILDING _____ B. WING _____ | R 12/30/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SOUTH LYON MEDICAL CENTER | P.O. BOX 940 YERINGTON, NV 89447 |

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| {F 000} | INITIAL COMMENTS<br><br>This Statement of Deficiencies was generated as a result of a revisit survey conducted at your facility on 12/30/08. The revisit was in response to the findings of the annual Medicare recertification survey that was conducted on 11/5/08.<br><br>The sample size was 8.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. | {F 000} | | |
| F 221 SS=G | 483.13(a) PHYSICAL RESTRAINTS<br><br>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure the use of physical restraints was required to treat the medical symptoms and not for staff convenience for 1 of 8 residents. (#5)<br><br>Findings include:<br><br>Resident #5 was admitted to the facility on 11/5/08 with diagnoses including Alzheimer's dementia with behavior disturbances, chronic obstructive pulmonary disease, hypothyroidism and confusion. She was admitted from an assisted living facility; the resident was | F 221 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| F 221 | Continued From page 1 | F 221 | | |

ambulatory with a walker and stand by assistance.

Review of the History and Physical from an acute facility dated 8/24/08, revealed that Resident #5 was admitted to the mental health unit because she was experiencing paranoia, increased confusion, and memory problems. She was diagnosed with cognitive deficits, psychotic disorder and reported visual and auditory hallucinations and paranoia. She was stabilized with medication changes and returned to an assisted living facility. On 11/5/08 she was transferred to this facility because of the need for higher level of care.

Review of the record revealed a physician order dated 11/7/08, that read "may use gerichair with tray for episodes of confusion secondary to no safety awareness related to Alzheimer's with behaviors." A nurse's note dated 11/7/08 documented the following: "Resident asked why she was in prison and she hit her right knee on the tray and shook the tray with her hand. This RN explained why she was in the gerichair and that we were concerned that she may fall and hurt herself. Resident stated, 'that would be fine with me I want to hurt myself so I can end all of this.'" The note indicated that Resident #5 was sent to the Emergency Department for evaluation of suicidal thoughts and was returned later that evening with medication changes.

A note written to Resident #5's MD on 11/24/08 from a registered nurse read "She verbalizes anxieties. 'I'm afraid to be alone, I don't like crowds. I wish they would not put this thing (the tray on the Gerichair) on me, I have claustrophobia, I feel closed in.'"

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| F 221 | Continued From page 2<br><br>Nurses notes from 11/7/08 to 12/12/08 document frequent use of the gerichair and on 12/12/08 the nurses notes read "due to not enough staff to assure resident safety tray was put on gerichair. Resident continued to escalate and was given Ativan, which was effective." The last nurses note found in the record was dated 12/19/08.<br><br>Review of the Care Plan dated 11/18/08 listed Problem #9: Impaired Physical Mobility related to "dementia (restraints?) geri-chair." The Resident Summary dated 12/3/08 read Physical/Chemical Restraints & Resident Response: " Risperdal dose increased 11/24/08 due to increased restless agitation. Ativan ordered 11/24/08 used 4 times last 7 days. As needed use of Gerichair with lap tray for agitation."<br><br>An interview was conducted on 12/30/08, with the Director of Patient Care Services (DPCS) and the Risk Manager. The DPCS stated "the gerichair was for the patients safety due to poor awareness and that she was never left for long periods of time." She stated that the order for the chair had been discontinued and that the staff was not using it.<br><br>Review of the "Behavior Charting" document for December 2008 revealed that the original order for gerichair use was still active. On 12/30/08, an interview was conducted with the registered nurse taking care of Resident #5. She stated that the gerichair was no longer used for Resident #5. The behavior charting document showed no entries made for the month of December 2008 although the nurses notes reflected the use of the gerichair in December 2008. | F 221 | | |
| F 520 | 483.75(o)(1) QUALITY ASSESSMENT AND | F 520 | | |

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| F 520 SS=E | Continued From page 3 ASSURANCE | F 520 | | |

A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.

The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.

A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

This REQUIREMENT is not met as evidenced by:
Based on record review, interview and the findings of the 11/5/08 recertification survey, the facility failed to develop and implement a plan of action to identify and correct problems related to the pre-screening of residents to ensure that the facility can meet the residents care needs through their Quality Assurance program.

Findings include:

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| F 520 | Continued From page 4 | F 520 | | |

An interview was conducted on 12/30/08 at 1:30 PM with the Risk Manager and Director of Patient Care Services (DPCS) in reference to the facility's admission screening process. The two employees were asked if the facility, through their Quality Assurance (QA) program, had developed a formal admission screening process to assist in determining the appropriateness of admissions. Their response was no. They stated a nursing investigative team had been created in response to their past survey citations but that the findings were not relayed to QA for review.

The DPCS was questioned regarding an admission from 11/5/08 Resident #5. (See Tag F 221.) She was asked if she felt Resident #5 was appropriate for the facility. Her response was "it has been difficult at times and that the facility staff was doing the best that they could." When asked if she felt the resident was getting needed care for her mental illness she reported there was no mental health practitioner in the community and that the facility had attempted to find mental health services, but was unsuccessful. She stated the resident required care that the facility was unable to provide. When asked what criteria were used in determining Resident #5's admission she stated "it was based on a personal relationship with the resident and did not follow a set criteria."

On 12/30/08 at 1:40 PM the Risk Manager was interviewed. She reported the QA meetings were not being used to identify issues and solutions related to resident behaviors or the screening of individuals prior to admission to ensure the facility is capable to meet all care needs on an individual basis. She reported the committee has never discussed admission criteria or behavior issues.

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| F 520 | Continued From page 5<br>She stated the QA committee does not work to resolve nursing issues related to the skilled nursing facility because they have their own committees.<br><br>Cross reference Tag F 221- Physical Restraints | F 520 | | |